## RECEIVED CITY CLERK

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CITY OF COSTA MESA BY\_\_\_\_\_

Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: ☑ Initial ☐ Amendmen	nt (Explain)		For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Lest, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E	MAIL (optional)
Gameros, Loren	(714 ) 496-5500	( )	lorengameros@sbcglobal.net
STREET ADDRESS	CITY	STATE Z	PCODE
1300 Belfast Avenue	Costa Mesa	CA	92626
OFFICE SOUGHT (POSITION TITLE) AG	ENCY NAME	DISTRICT NUMBER, if applicable	NON-PARTISAN OFFICE
City Council Member City	y of Costa Mesa	2	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
State (Complete Parl 2)		2020	X PRIMARY / GENERAL
X City County Multi-County	(Name of Multi-County Jurisdiction)	2020 (Year of Election	SPECIAL / RUNOFF
•		_// and I accept the	voluntary expenditure ceiling for
the general or special run-off election.  (Mark if applicable)  On	of funds in evenes of the evenediture politics for	the election stated shows	
	in turius in excess of the experiorative ceiling for	ne election stated above.	
3. Verification:			
I certify under penalty of perjury under the la	aws of the State of California that the foreg	oing is true and correct.	
Executed on	Signature (Calididate)	0	FPPC Form 501 (August/2 FPPC Advice: advice@fppc.ca.gov (866/275-3